

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS

REVIEW CRITERIA
REVISED EFFECTIVE DECEMBER 1, 1999

CRITERIA NUMBER 20
DIAGNOSIS AND TREATMENT OF NECK AND BACK (SPINAL) INJURIES

CONSERVATIVE OUTPATIENT TREATMENT
(UP TO 6 WEEKS FROM DATE OF INJURY)

I. Symptoms:

A. Pain in the back or neck area that may include the leg or the arm.

II. Exclusions: (if an injured worker experiences back or neck pain in the presence of the following conditions, this criteria would not apply):

A. concurrent unexplained fever over 48 hours; **or**

B. neoplasm; **or**

C. severe trauma - such as fracture or ligamentous injury; **or**

D. documented specific diagnoses (rheumatoid arthritis, herniated disc, spinal stenosis, spondylolisthesis, congenital fusion, diastatomyelia, hemivertebra, spinal osteomyelitis, prior spinal surgery at the same level); **or**

E. a history of documented severe radicular pain and paresthesias related to neck movement and physical findings displaying motor weakness and reflex changes; **or**

F. impaired bowel and bladder function; **or**

G. increasing pain and/or symptoms, despite treatment; **or**

H. Age > 50 years.

III. Diagnostic Testing Allowed: (Up to 6 weeks from date of injury):

A. X-rays:

1. Back - Maximum 4 views (one study allowed)
2. Neck - Maximum 5 views (one study allowed)

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IV. Diagnostic Testing Not Allowed:

- A. CT, MRI, Bone Scan
- B. Computer Back Testing (CBT)
- C. EMG and Nerve Conduction Studies
- D. Functional Capacity Evaluation (FCE)
- E. Work Capacity Evaluation (WCE)
- F. Thermogram
- G. Myelogram
- H. Evoked Potentials

V. Outpatient Treatment Modalities Allowed (Within scope of license):

- A. Bedrest - maximum 2 days
- B. Prescribed non-narcotic analgesics: Muscle relaxants, nonsteroidal anti-inflammatory drugs
- C. Narcotics - maximum 5 day course
- D. Trigger point injection - maximum 2 injections within 4 weeks
- E. Lumbar support
- F. Cervical collar
- G. Traction (Neck)
- H. Manual therapy/spinal adjustment/manipulation
- I. Therapeutic exercise (under the direct supervision of a licensed healthcare provider)
- J. Patient education including activities of daily living, joint protection techniques, and back pain recovery and prevention - encouraged

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- K. Modified work activity through the recovery process - encouraged
- L. Physical agents and modalities e.g. (heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, fluori-methane) maximum of 2 allowed per treatment session

VI. Outpatient Office Visits Allowed:

- A. Physician - maximum four (4) visits in first 6 weeks
- B. Physical Therapy - maximum eighteen (18) visits in first 6 weeks
- C. Occupational Therapy - maximum six (6) visits in first 6 weeks
- D. Chiropractic Medicine - maximum eighteen (18) visits in first 6 weeks

VII. Outpatient Treatment Modalities Not Allowed:

- A. Facet injection
- B. Epidural block
- C. Spinal Traction (Back)
- D. Physical agents and modalities e.g. (heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, fluori-methane) if only treatment procedure

VIII. Special Instructions:

- A. *Similar discipline services shall not be duplicated for injured workers treated by more than one discipline (e.g. Physical Therapy, Occupational Therapy, Allopathic Medicine and Chiropractic Medicine).*

IX. Level of Care Required:

- A. *Outpatient*